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The Honourable MaryAnn Mihychuk

Standing Committee on Indigenous and Northern Affairs

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● (1530)

[*English*]

The Chair (Hon. MaryAnn Mihychuk (Kildonan—St. Paul, Lib.)): I call the meeting to order.

Welcome, everybody. Pursuant to Standing Order 108(2), we will be continuing our study on long-term care on reserve.

Before we get started, as a practice of reconciliation we always point out that we're on unceded territory of the Algonquin people. It's important for us to remember that, and to reflect on its significance to our history and reconciliation.

The way the process works is that you'll have 10 minutes to present. I have two presenters on the telephone and one presentation will be done here in person.

We're going to begin with the Grand Chief here in Ottawa, and then go to the phone presentations. When you speak, please identify yourself. This will help the translators and the transcript that we'll be producing from the meeting. We will then proceed to rounds of questioning from MPs.

Grand Chief, welcome to our committee.

Grand Chief Constant Awashish (Conseil de la nation Atikamekw): Thank you, Madam Chair.

Thank you, honourable members of this committee, for allowing me to speak to you on matters of great importance to us as a first nation.

If you allow me, I will speak French since I feel more comfortable speaking French, even though I'm able to speak English. Administration terms or financial terms are always harder in English.

[*Translation*]

I am Constant Awashish, Grand Chief of the Atikamekw Nation. I represent a nation that now has nearly 8,000 individuals, 70% of whom are 34 years old or younger, and 32% of whom are 14 years old or younger. In other words, there are many young children in our communities.

Today, the committee is studying the issue of long-term care in communities, specialized care and care specially for older people. Later, I will share with you a situation that happened to me as an individual, as a member of the Atikamekw Nation and as an indigenous person. I had to deal with a situation that caused me some trouble, given the state of care in our community.

Currently, the major problem in terms of health care is really the infrastructure. We are short of houses. There is a major shortage of housing in our communities, which generates many social problems. When we talk about creating places or offering a place for people who are sick, elderly or those who are losing their autonomy, it is important to understand that the houses are not necessarily adapted. There is a problem of overcrowding. Logically, it is understandable that housing people with severe physical disabilities or who are severely dependent on others in an overcrowded home creates many problems. This is what we experience in our communities.

It is also important to understand that, given the remoteness, access to health care is problematic. The geographical remoteness of the Atikamekw communities makes access to long-term care difficult.

Earlier, I mentioned the state of housing. Home care is another problematic issue. In fact, all the problems currently occurring in indigenous communities are due entirely to a lack of infrastructure, whether it is housing, education or health. It all revolves around that. I'll let you judge what the solution might be. There will be no perfect solution, that's for sure. A perfect world is difficult to access, but it could be much better in our community.

It is also about recognizing our specialists, training and skills. Again, our remoteness means that, in many cases, people don't have the necessary training to provide appropriate care in the community.

Let me give you some concrete examples. Currently, in the community of Manawan, one of the communities I represent, there are no homes for seniors. Nor are there any for palliative care or for people with loss of autonomy. In the community of Wemotaci, there is a home for seniors, but there is no infrastructure for people with serious illnesses. In the community of Obedjiwan, there is a seniors residence. Obedjiwan is my home community. My grandmother currently lives in this house. She is still able to move and talk, her mind is still sharp. As a result, she is qualified to reside in this seniors' home.

Let me tell you about my grandfather, who died almost two months ago now.

Two years ago, in winter 2017, while he was living in the seniors' home in our community, my family and I received a call and were told that a family meeting was needed. I went into the community to meet with the authorities of the seniors' home. The whole family was there. The authorities told us that they could no longer take care of my grandfather because he was beginning to have Alzheimer's disease. He was already at a fairly advanced stage of the disease, but the authorities realized that Alzheimer's had taken over. There was no infrastructure or competent people to take care of him. These people told us that he could no longer stay in the seniors' home. Who was going to take care of him? Were we going to send him to an urban hospital? This was another problem: often there are waiting lists, and you aren't always able to get a person into them.

We held a family meeting. As I told you earlier, there is a lack of housing and space in our community. So the responsibility fell to me. I was the one who took care of my grandfather for 13 months, while I was in my position as Grand Chief, while I was a hockey coach and while I was a member of the minor hockey team. I held several positions and, on top of that, I had to take care of my grandfather, who lived with us. Of course, I received incredible help from my little family and my wife. Still, I bathed him, shaved him, dressed him, fed him, got him up twice during the night to take him to the bathroom. That's what I had to deal with for 13 months, until his death recently. These are very unfortunate situations. He certainly had an incredible last year. I had the chance to be with him.

However, the lack of skilled personnel and infrastructure is problematic. If we want appropriate care, we have to go outside the communities, which isn't always possible. So what should we do? When someone is at the end of their life, palliative care is sought, but there is a problem with that, too: there is one pharmacy in the community that sells drugs for chronic diseases or emergencies, but there are no drugs for palliative care. What happens to people who are at the end of their lives and in palliative care, who want to live out their lives at home, even if it is not necessarily adapted to their condition? There are no adequate medications for palliative care. It always takes some time for the doctor to agree with the pharmacy to have it ship the drugs to the community. This creates tremendous stress for our members and families.

It's not complicated, everything revolves around these problems: remoteness, the state of housing, the lack of training, the lack of people with the necessary skills in our community. There must be adequate resources to train people in our communities to acquire these skills. Often people cannot leave the community to go to the city because they have to take care of their families and children, who go to school. They can't leave everything to take training.

In communities, the vulnerability of seniors living in family homes is problematic. There is a lack of suitable facilities. We are talking about chronic diseases affecting First Nations people. Additional resources should be allocated and investments made in healthy lifestyles, physical activity and nutrition. These are important things.

I will now present our recommendations. We were asked what was important to us, so here is what we recommend.

First, investment in housing is needed.

We would also like to have an accompaniment service for people who have to leave the community to go to a hospital in an urban area.

In addition, upstream prevention and intervention should be carried out.

We should also have the means to provide culturally appropriate care in our communities. For example, in our facilities such as seniors' homes, we would like to offer food that reflects our culture, but regulations prohibit it.

We would also like more autonomy in the management of long-term care and health care. We spend so much time on accountability that we are experts in the field. I don't think there is an organization across Canada that can call itself as good as First Nations in terms of accountability. We spend 80% of our time on it. First Nations should have more autonomy and flexibility in managing programs.

It is also very important to harmonize approaches with the province. We are often caught between a rock and a hard place. We are caught between the province and Canada, both of which are passing the buck. There should be better collaboration between the two levels of government, so that we are not caught in the middle.

Thank you.

● (1540)

The Chair: Thank you very much.

[*English*]

We turn now to our teleconference guests, Véronique and Julie.

I'm not sure which one of you will be presenting, or if both of you will. Please just indicate who is speaking.

Go ahead.

[*Translation*]

Ms. Véronique Larouche (Director, Health and Community Wellness, Pekuakamiulnuatsh Takuhikan): Good afternoon, *kuei*. I am Véronique Larouche.

I would like to thank Grand Chief Awashish for his most relevant testimony.

I would also like to thank you for having us here.

I am the director of health and community wellness here, in Mashteuiatsh. With me today is Julie Harvey.

Ms. Julie Harvey (Director, Seniors' Health, Pekuakamiulnuatsh Takuhikan): Good afternoon. My name is Julie Harvey. I am the director of seniors' health, which includes the nursing home and home care.

Ms. Véronique Larouche: I would like to thank the committee for its welcome today.

We will present the long-term care challenges facing our community here, in Mashteuiatsh, a First Nation with 6,644 members. Of that, 2,085 live in Mashteuiatsh; the others are outside.

There is a significant and rapid aging of our population. In Mashteuiatsh, we have gone from 155 seniors in 2001 to 240 in 2011. So that's a very significant increase in the number of seniors.

We have a private non-plan nursing home, the Tshishemishk Centre. This centre houses about twenty seniors from the community. In addition to accommodation and meal services, this centre offers all nursing and psychosocial services thanks to funding from the Indigenous Services Canada assisted living program. We also have an interdisciplinary team that provides home care, also funded by Indigenous Services Canada. A community organization, the Coopérative de solidarité Nimilupan Nitshinatsh, rounds out our service offering. This cooperative offers domestic help services, including meal and home management.

That was an overview of our services.

Besides the aging of the population, in Mashteuiatsh, there is an increase in the number of people losing their autonomy. There are many people who suffer from chronic diseases. For example, one in four people is diabetic. The complexity of cases, the exhaustion of caregivers and the lack of diversified professional resources all complicate the response to the needs of seniors here in Mashteuiatsh.

Here are the main challenges we are facing.

The first challenge is that funding for the assisted living program is limited based on the hours of care required by individuals. The Province of Quebec is responsible for housing people who require a higher level of care. In practice, this means that people should be removed from their surroundings and our community when they need more services.

We think this situation is detrimental to our seniors. Whether at home or in a nursing home, we should be able to allow our seniors to stay here, close to their families, close to their children and grandchildren, in their community, with respect for their culture and by offering them culturally relevant services.

Obviously, we still allow our seniors who wish to stay here in Mashteuiatsh to do so, despite the provincial rule that applies and the fact that we do not receive funding for people who need more services. We allow them to stay here, but it is clear that our services are limited due to lack of funding. We believe that our seniors should be entitled to equitable services in their communities on the same basis as all seniors in Canada.

The assisted living program also does not allow our partner, the Cooperative, to offer domestic help services to the entire population. Once again, there are criteria that make these services reserved for people with loss of autonomy. All meal and home support services can't be provided to the entire population. We do not have the funding to provide them to our entire population. Yet it is allowed elsewhere in Quebec: cooperatives offer services to the entire population. In our opinion, this is another inequity in terms of the services that can be provided outside and those that we can provide here in the community.

The infrastructure of our nursing home, the Tshishemishk Centre, is another major challenge for us. This centre was built more than 20 years ago and is in great need of renovation and expansion due to insufficient space. Some seniors even have to eat their meals in the hallway. In addition, we must comply with building safety standards to ensure the safety and well-being of seniors. We would greatly need funding in this regard.

We would like to offer our seniors a friendly and family-friendly place where they can access community and cultural activities. We would like to offer more housing units to meet the needs of seniors and prevent them from being uprooted and deprived of their culture when they go outside. The funding we are currently receiving does not allow us to have such aspirations. Our funding agreements do not include infrastructure construction and expansion.

In addition, the needs of our seniors are growing. Access to specialists such as occupational therapists and physiotherapists is often difficult and very expensive. The same applies to all the specialized equipment that seniors need because of the state of their health. Several specialized pieces equipment are required. Our seniors should have access to these services immediately and free of charge, just like First Nations children. This is an important issue for us.

● (1545)

Traditional foods represent another major challenge. Grand Chief Awashish talked about that earlier. Indigenous Services Canada's environmental public health program does not allow us to serve game meat or wild fruit. We are not allowed to prepare moose, beaver, goose or berries, among other things. Our elders are being prevented from maintaining their eating habits, even though that food has always been part of their life. When they come to the nursing home, they're told that these types of meats can no longer be served to them.

Yet it is recognized that a traditional diet has a beneficial effect on their health. In fact, Canada's Food Guide tailored to first nations, Inuit and Métis recommends that elders eat traditional meats, regardless of their age. We think there is a way to find solutions to allow elders to eat wild meats and fruits while following reasonable sanitation and hygiene rules.

In closing, we have a few recommendations for you on the future and the well-being of our elders.

First, government programs should earmark additional funding to enable us to provide home care and accommodations for all elders who want to remain in their community, regardless of the level of care required. That includes funding for infrastructure.

We also recommend that caregiver and home support programs be created or improved. The objective is to focus on prevention and to keep people at home. We want to provide the entire population with home care services, so that elders can stay at home longer.

We also want sanitation and hygiene standards to include exceptions, so that we can continue to provide traditional food in nursing homes.

In addition, funding should be added to promote access to specialized services for elders.

Moreover, there should be funding for community and cultural activities for elders.

On that note, we thank you for taking the time to hear from us. We hope this information will help you better understand the situation.

● (1550)

[*English*]

The Chair: Thank you very much.

When we go to questioning, I'd like you to direct your questions to one of the three individuals who presented.

We will start with MP Mike Bossio.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): Thank you very much, Chief and others who are on the phone line, for being with us here today. I apologize that I don't speak French. It would be even better if I could converse in your native tongue, but unfortunately I can't.

That was some great testimony and sharing of stories from your community. It really helps us to see through your lens the existence that you have day to day for your seniors and your loved ones.

From the testimony we've heard from you and others, it seems that today the federal level doesn't have very much involvement on the long-term care side of things. That's the nature of this study: to determine whether we should be more involved, even if it's from an infrastructure standpoint.

However, you also speak to challenges at the provincial level in terms of culture, food and traditional healing practices. Your community in particular, Grand Chief, has self-determination. You declared that in 2014. Would it be preferable for your own community to manage providing these services directly to your community—to your elders—rather than having the province do it?

Grand Chief Constant Awashish: Of course it would be preferable for us. We always have to give a report for every little penny we spend. We spend so much time doing this. That's one of our biggest problems. Most of our resources are wasted on constantly writing those reports. At least 50% of our time and resources are put into just doing that. To find a way to better this situation, to be more autonomous and have more flexibility and more self-determination in that matter is a great question, but as I said, it's whether all of us here believe it.

Mr. Mike Bossio: I apologize, because I meant to say at the very top of my questioning that I'm sorry about the passing of your grandfather. I could tell it was very emotional for you. I'm sorry to have heard that. I express my condolences.

Grand Chief Constant Awashish: Thank you.

Mr. Mike Bossio: Now, in taking it to the next level, if indigenous communities are to take control, do you within your own community have the resources and the capacity? You mentioned more professionals, more experts, more trained staff. Would you have those resources available within your community to provide those services?

Maybe you could just give us a general sense of whether you find that your community is moving in this direction, toward training more local resources.

● (1555)

Grand Chief Constant Awashish: Right now we're working really hard on education. We're trying to give the youth a mission to better their future and better the future of the nation.

Of course, the infrastructure is deficient right now. We don't have all of the houses necessary to accommodate the specialists who would come and work and would also give better education. If we wanted to have a training program in our community, it would be a problem right now. We don't have the infrastructure for it. We talk about competence and we talk about having all the human resources. We have all the human resources, but now we have to work with them to give them training, to give them education, so that they can give better services to the community.

We are starting at the base. That's how it works. When you build a house, you have to work on the base and then you build your house. With all the history that we all know and we all share—we've been talking for the last 10 years—we've gotten that message. We're working hard on the ground level to make sure that everybody understands their mission and what they can do for the nation.

As I said, there are a lot of resources missing in terms of infrastructure. We are working on it. Hopefully, that will move faster with time.

Another part of your question was about when we ask a professional doctor or nurse to come and work in our community and they also face a housing problem. They don't have a place, so they don't stay.

As well, it's not something that is friendly for them. When they're used to living in Ottawa, Montreal or Quebec, they don't like coming into a small community and staying very much. It's one of the problems we're facing.

Maybe there could be more flexibility with education. Right now the government is financing university studies and it's financing college studies, but it's not financing anything other than those two —for instance, if you wanted *formation professionnelle*.

That's how we say it in French. I don't know how to say it in English.

Mr. Mike Bossio: You mean professional accreditation and training.

Grand Chief Constant Awashish: Yes.

We are working on this, but we have to bring them outside. We have a very particular situation with the Atikamekw nation in that 98% of our people still speak our language, so there is a little bit of a barrier with the language. They can have problems a little bit.

Mr. Mike Bossio: Chief, I'm sorry, but I have just a few seconds left. I want to get one more question out there that I think would be valuable to you.

One thing I've been trying to put forward is that the federal level of government needs to be directly involved in this from an infrastructure standpoint in providing funds—

The Chair: Sorry; you've run out of time—

Mr. Mike Bossio: —so would you agree that we should have a pilot program for this?

Grand Chief Constant Awashish: With the Atikamekw nation? I totally agree.

[*Translation*]

The Chair: Thank you very much.

[*English*]

You handled that so diplomatically.

The questioning now goes to MP Cathy McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you for all the testimony here today.

You know, when I look at the scope of the study and at the time we've actually committed to the study, I think it's absolutely massive. Chronic illness, palliative care, long-term care—I think we could have taken any one of these areas and certainly focused in on it for a number of meetings and done perhaps a more comprehensive job and analysis. I think we're sort of doing a skiff on each of these very important subjects. If I could convince my colleagues that we need to look very methodically at each, I think it would be important.

My first question is for you, Ms. Larouche. I know that there are issues with country food and traditional food in terms of provincial regulations and provincial facilities. You talked about an issue that sounded as though there were some federal regulations. Can you quickly tell me what that was again? It was in relation to some facilities that you have in your community.

● (1600)

[*Translation*]

Ms. Véronique Larouche: Are you talking about sanitation standards?

[*English*]

Mrs. Cathy McLeod: You mentioned a regulatory framework to be able to provide traditional food in facilities. Were these federal regulations? In your community.... I know that it's an issue with provinces, but I was not as familiar with the issues federally. You talked about a certain regulation. Can you tell me what it was, and whether it was on-reserve?

[*Translation*]

Ms. Véronique Larouche: The environmental public health program, which is administered by Indigenous Services Canada, provides that we must respect provincial rules on food safety. The Quebec Department of Agriculture, Fisheries and Food, the MAPAQ, issues the rules. Pursuant to the environmental health program and our agreement with Health Canada, an environmental health officer visits our facilities to ensure that we are following provincial rules on food safety.

[*English*]

Mrs. Cathy McLeod: Thank you. That clarifies it.

Grand Chief, I know the health minister meets regularly with her provincial counterparts. Have they ever invited any first nations representation to these meetings to discuss some of these issues and concerns? Obviously, with the interconnection between the federal government, the provinces and your communities, I think the provinces need to understand these issues. Do you ever get invited to the table for those conversations? Have there been any special meetings with, say, provincial health ministers over the last couple of years?

Grand Chief Constant Awashish: Personally? No.

Mrs. Cathy McLeod: Are there any that you're aware of that have been happening?

Grand Chief Constant Awashish: I know there are meetings here and there. They're trying to work on governance right now with the organization there in Quebec, but it's on the federal level. I know Quebec was an observer there. Personally, I cannot answer that question.

Mrs. Cathy McLeod: From everything that we have been hearing —whether it's something like traditional foods or whether it's more complex, such as long-term care and the regulations that you're required to meet that are sometimes a challenge in rural and remote communities—it sounds as though those tripartite discussions will be essential to resolving the issues. Would that be accurate?

Grand Chief Constant Awashish: I think it's a great example right now of the complexity of relations between the first nations communities, the provincial level and the federal level. We are always bouncing from one to the other. At the same time, with the lack of resources in our community, I think there's a little confusion that always comes with our administration system.

One example there is the provincial rule on "health food" and the criteria that were fixed by the federal government. You understand what I mean. There's a bit of confusion that can get in place there in our communities with the administrative people. We always have to be careful in that matter. As I said earlier, I think there should be a big meeting between both levels of government to make sure they harmonize everything for the future onwards, so we don't feel like we're bouncing from one to the other.

● (1605)

Mrs. Cathy McLeod: You talked about the adaptation of homes for someone who has increasing challenges with disability, whether it's ramps or bathrooms. Are there no special programs available for communities to apply to, in terms of doing housing adaptation for band members who have new challenges?

Grand Chief Constant Awashish: The problem is, again, the resources. All the money allowed for building new facilities is always for new houses in the communities. There's a long list of people who need houses, so all the resources are put into that.

Of course, some people, anticipating that in the future they're going to have problems with their house, ask for a little help from the band. Sometimes when the human resource people who build houses in the community have the time for it, and if they have the money and the resources, then sometimes I've seen that happen. When my grandma and grandpa were still able to live in their house, they put in stuff to facilitate things with the bath and so on, and a ramp to help them to get up easier, but the ultimate goal was for them to move eventually into elder houses.

You understand the story and what happened after. My grandma is still there, but my grandpa had to get out, and somebody had to take care of him.

The Chair: Thank you.

Questioning now will be MP Rachel Blaney.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you to all of you for being here with us today. I'm going to start with you, Grand Chief.

First of all, I'm sorry to hear about the loss of your grandfather, and I assume that your story, sadly, is not unique. Could you share with us a little bit about what happens with your community when they can no longer be in those homes? Do families usually take people in? Are they having to go out into a larger community? How long is the wait-list, usually? How far away are they going? You talked about the high level of the first language in your community. Is that a huge barrier when they have to leave home and live in a care home?

Grand Chief Constant Awashish: I'm going to answer the last question.

Yes, it's a big barrier. We ask to have more resources in that direction. Every person who has to leave the community and go into a hospital in a town preferably should have someone to help them with translation and to follow in their steps when they go travelling and go to restaurants and everything. They need someone in order to feel more comfortable and to make sure that the doctor and other people who intervene in it really understand what that sick person is saying. In general, it's all related to....

Atikamekw Nation is very particular. Our language is very strong. Our culture is very strong. We're isolated. Between 70% and 75% still live in the community, compared to all the rest of Canada, where it is the opposite: only 30% still live in the community, and in some communities it's lower than that.

When you were talking about a pilot project, I think the Atikamekw nation is a perfect nation to create that pilot project. If you guys have a project, I'll be open to discussing it.

Ms. Rachel Blaney: You speak of feeling like you're stuck between the tree and the bark, and of the challenge. I hear about the amount of report writing and I think about the jurisdictional challenges too. Not only are you having to write many reports, but you're also going between provincial and federal jurisdictions. You have that challenge.

One of the things that's come up in this study a couple of times is that we need to look at Jordan's principle and broaden the scope of it. Could you talk a little about how how you think about that?

Grand Chief Constant Awashish: First of all, I am the Grand Chief and I know a lot of things that are going on in our community, but we have specialists who can answer you better than I can in those matters. Sadly, though, we were convoked here pretty much at the last minute, so we didn't have time to have a good, deep conversation. Ms. McLeod was talking about maybe identifying each matter and going deeper into each matter, but we didn't have the time for that.

Yes, as I said, it's a big issue in our community, and it's hard for us to always make up the difference in between. As soon as you come out of the community, you're supposed to be receiving the services from the province. That's how it is, but within the community there are not enough services, and we can't afford to go out of our community all the time.

We are so behind right now, and we ask for a lot of stuff. I feel like I'm always begging for something—we need this, we need that—and it's not a good feeling for us. It's not a good feeling as a leader to always be asking. We need more, and it's evident. In one of the communities, we need 200 houses to house everybody. It's a big issue, but we have to start somewhere, and I think it's by believing. Everybody here has to believe in us and give us more flexibility and more autonomy with respect to how we do our business in our community.

This is the way to rebuild pride among our people. If they are proud, then they're going to go further. They're going to go study and they're going to be proud of themselves. They're going to take better care of each other. That's how we build a society: We have to start at the base, and then from there we'll go higher and higher.

We are about 60 to 70 years behind in terms of socio-economic development. How are we going to solve this problem? Here we have a lot of very smart people around this table, and I'm sure we can find something good for our future. Like I said, whenever I go to speak to different organizations or when I do a conference or whatever, I always say that we don't want to be a burden any more. We want to be able to contribute to the emergence of the society. We want to be able to feel good. We want to be able to have a sense of belonging to the society so we can also contribute to the protection of this land, the protection of the country.

There's no contradiction to be sovereign within the state here. That's one thing we have to understand, but everybody has to have the same message. We have to work together to better our society. We don't want to give future generations problems. That's what I always say to everybody that we have to work together.

For example, I said to my friend, "One day, if something happens here, you know my people will always be here to defend the land, and we'll defend everybody who's on it. No matter what colour they are, we're going to defend them." That's one thing. We always cheer too when the Canadian hockey team wins the gold medal. We are proud of that too. We can have a sense of belonging, but there's a lot work that needs to be done.

A lot of people are still bitter about the residential schools, about the assimilation program and stuff like that. It didn't work in the end. Maybe they did not have bad intentions and maybe they really thought they were going to help, but we all know the result. In the end, it didn't help; it just created more problems and more bitterness. Now we've created a barrier, but we have to break this barrier. We have to work together to make a better future for your youth and for our youth. Working together, we can have this great society to live in, to be stronger in, and to be proud to defend. That's how I see it.

● (1610)

The Chair: Now questioning moves to Mr. Yves Robillard.

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Good afternoon, Grand Chief.

● (1615)

Grand Chief Constant Awashish: Good afternoon.

Mr. Yves Robillard: It is refreshing to see that you can speak English and French just as well.

According to the Department of Indigenous Services, $19.5 million will be going to palliative care over five years.

How much improvement could the announced funds make to long-term care services in your community? What would be your recommendations on distributing those funds? What are the Atikamekw nation's needs when it comes to long-term care centres?

Grand Chief Constant Awashish: As I said earlier, there are currently no facilities where we can provide long-term care. We don't have the skills or human resources to provide the necessary services.

Although, in the short term, we can invite professionals from outside our community to settle among us to provide the necessary services, we will still have this problem: a lack of homes to accommodate them. It is a vicious cycle.

To answer your question partially, Ms. Blaney, I must say that there has indeed been more money since Jordan's principle was adopted. However, we still have a problem with infrastructure.

We are talking about human beings. When you want to help a human being improve, you take an interest in their personality, their identity, their character; you try to strengthen their pride and self-confidence. The same applies to a community. Yes, there is some money, but the improvement of facilities has been forgotten. Our communities don't really have the equipment and infrastructure needed to accommodate all those people.

We are working on developing our vision and our plans. We are moving forward by celebrating every small victory, but when we are behind by 60 or 70 years, those victories sometimes don't seem like much. We will never catch up completely. I have already brought this situation up to a minister, and he told me that we would move forward one project at a time. I told him that we could not even allow ourselves to advance one project at a time; we had to advance 10 projects at a time, since we are so behind in all areas. Huge investments are needed, especially in infrastructure. That is the main issue, since everything stems from it.

Mr. Yves Robillard: What could the federal government do to coordinate its funding process with that of the provinces better?

We know that this is an issue. Requests have been made at the provincial level. This does not fall under federal jurisdiction, but we are also there to contribute to the effort. This really falls under provincial jurisdiction. How are you managing to align all this?

Grand Chief Constant Awashish: An example of an issue we often face is needing to build a palliative care hospice in the community. It is certain that the majority of people want to die at home, surrounded by their family, but homes are often full. Logically speaking, it would be better to create a place for palliative care. But the establishment needs to be built, equipment needs to be bought and skilled people need to be found to provide the services. In addition, accreditation from the province is needed. That is another source of the problem. We need better collaboration and better communication between the two levels of government. Even if the federal government is providing all the resources, there must still be some flexibility on the provincial side. We have a lot of training to provide in our communities.

Over the initial years of our project, there will unavoidably be some gaps in that area. The province must have a better understanding. To achieve that, the federal government must provide support.

Mr. Yves Robillard: What kind of support must be provided to first nations communities, and more specifically to your community, to ensure they are able to develop and provide health services that integrate healing knowledge and practices and aboriginal medicine?

Grand Chief Constant Awashish: It is a matter of providing programs that will recognize those types of practices. We in the Atikamekw nation are very close to our culture. We have a lot of people who, even today, are using traditional plants to heal certain diseases. I have seen some incredible healing.

At the same time, people are stigmatizing our knowledge. Yes, we are very close to our culture, but we are stigmatized, in a way. As we don't want to be criticized, we don't talk about it or we simply abandon those practices, to avoid being told that we are barbarians or something like that.

● (1620)

[*English*]

Mr. Yves Robillard: Do I still have a little bit of time?

The Chair: You have one minute.

[*Translation*]

Mr. Yves Robillard: Very good.

Thank you for your answers, Grand Chief.

I will now turn to Julie Harvey.

In light of discussions and considering the particularities of your community, what would be your recommendations to ensure the provision of quality long-term care on reserve? What could the government do to help you?

Ms. Julie Harvey: Thank you for your question.

I would like to begin by repeating a recommendation made by Ms. Larouche earlier. It was about having adequate funding to enable us to provide home care and accommodations to our elders who must remain in the community, regardless of the level of care required. The goal is to be able to provide services from the outset, as soon as the individual ages and begins to lose autonomy. Those individuals may need assistance with housework, for example. We really need to be able start providing services from the outset until end of life.

Unfortunately, we are noting that services provided are lacking, especially when our elders must leave the community to seek out services when their health deteriorates and the intensity of care increases. We really want to be able to provide a continuum of services from the moment when people begin to experience a slight loss of autonomy until the palliative care stage.

Our main need is to obtain funding that would enable us to provide those services, to train our staff, to hire employees in sufficient numbers and to take care of our infrastructure.

The Chair: Thank you very much.

[*English*]

I'm sorry, but we only have so many minutes and we have a speakers list. I'm sorry to interrupt, but we have to move on to MP Kevin Waugh.

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Thank you all for being here today.

I have a question for either Ms. Harvey or Ms. Larouche.

You mentioned you had an elder centre that holds 20. On average, how long would your patients be in this centre? You did give us some numbers for aged people in your community. In 2001, there were 155, and 10 years later, you're at 240. You're lucky that you have a centre that holds 20, but how long would the average patient be there?

[*Translation*]

Ms. Véronique Larouche: It can vary from a few days to a few years. It depends on the elder's health.

[*English*]

Mr. Kevin Waugh: Are you under a boil water advisory? What's the water on your reserve like for this?

[*Translation*]

Ms. Véronique Larouche: We have drinking water.

[*English*]

Mr. Kevin Waugh: Grand Chief, are you good?

Grand Chief Constant Awashish: Our three communities have good water all the time. We had a couple of issues last year in one of the communities, but there was nothing very big about it. In general, we have very good water in our community.

Mr. Kevin Waugh: There's something that I give you credit for, and we really haven't talked about it. We all want our elders to stay home, but we haven't talked about what that home looks like. You did touch on it—ramps, lifts and so on. That's very important, yet we really haven't peeled the onion here and looked at the situation for any of these long-term facilities. It's very expensive. We all know it's double or triple the cost when putting in these ramps and lifts. I don't know where the resources come from. Do you see any light at the end of the tunnel?

Grand Chief Constant Awashish: Light? I see a light, but it's 60 years behind.

Mr. Kevin Waugh: Do you know what I'm saying? If you're going to restore a home, it can be into the tens of thousands of dollars.

Grand Chief Constant Awashish: That's true, but I have a certain vision for my people.

Atikamekw nation is a great example. We represent three communities with 8,000 people. Our language is very strong and distinct. Our culture is still very strong in our communities. We still practise our activities on our land.

One thing that was broken was the self-esteem, the pride. Now I'm in my second mandate; I just got re-elected. In my first mandate I can say I worked really hard on being proud of who we are, being proud of our identity, being proud to be first nation, being proud of being Atikamekw Nehirowisiw. That's what I work on.

I think that's the first step in any society—to work on this, on being proud of who they are and who they belong to. From there we work really hard also on making the youth believe that they are the answer to the future. We work really hard on that. I have no problem when a school calls me. I go there and I speak to their youth and I tell them how much I believe in them, how much I need them to ensure continuity, to ensure prosperity, to ensure that we're going to still speak our language in 100 years, to ensure we're going to still practise our culture in 100 years.

"I need you." That's what I tell them. It's about working on this.

We have amelioration. There are more and more people who go to school now. They're finishing their education. That's how it is, and after that we're going to get stronger infrastructure. We need more infrastructure, but we're going to have stronger administrative people in health, in education, in administration, in governance, and from there we're going to grow and grow.

My light is 60 years ahead. That's where I'm looking, but we have to start at the beginning, and we need the support of the government for this. I need the government to believe in our people. That's what I need today.

● (1625)

Mr. Kevin Waugh: I've finished.

The Chair: We have a couple of minutes for MP Harvey.

Mr. T.J. Harvey (Tobique—Mactaquac, Lib.): Thank you, Madam Chair.

I was just wondering if you wanted to elaborate on my colleague's.... He started to answer your question. Maybe you want to carry on with that questioning.

For myself, number one, I thought your opening remarks about your grandfather were very compelling. I certainly have seen first-hand with my grandmother the challenges that we face as a family in allowing her to stay within her home for the last five years, which was her decision. It was her dream to stay in her home. We were able to do that, but it took significant resources from a very large family, so I can see it would be very difficult for a small family to maintain that.

What do you think would be best practices or the most concrete things that we could do in a short amount of time to speed up the length of time between where you feel services are and where they should be?

Grand Chief Constant Awashish: Yes, there's a significantly larger amount of money available in certain programs, but what I face on a regular basis is.... Let's say we prepare for a project and we bring a project to some program. We always hear "Yes, it's a beautiful project" and "Yes, your project is qualified", but what we always have to face is that maintenance funding doesn't come with that program.

Yes, we can build this and we can do that, but in the future we're going to have to pay salaries. No budget for operations comes with programs when we try to do something. That's what I've been facing lately with certain projects.

Let's say I want to work with youth, because I believe in our youth and I put a lot of effort to work with them. I say I'm going to create a secretariat for youth affairs within our nation. I had two big meetings where I gathered 80 youth from our three communities, and we spoke about our future. We spoke about many topics, from our language to politics to geopolitics, and about what's going on around the world, what's it going to be in 50 years, and how we have to believe in ourselves.

I submit a project, and the government is very happy with all those steps we're taking. It goes with the framework of the program, but after we create a secretariat, how are we going to make it function? That's the problem we're facing with many programs. We don't have the money in our communities to make things happen.

Like I said, we're starting out. That's how I look at it. We try to raise additional funds internally, autonomously, for those kinds of projects, but we are not there yet.

● (1630)

The Chair: Very good.

I think we all really appreciated your comments, your passion and vision. I want to thank you for coming to see us at this committee. We only have a few minutes. To those via teleconference, thank you so much for attending. I know it was difficult. We wish the video conference had worked.

[*Translation*]

Thank you very much.

[*English*]

Thank you for staying online. We'll take a short break, and then we'll go in camera for committee business.

[*Proceedings continue in camera*]

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